SUBMET: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT S S 0 0 0 0 (ENTERED)

Date: Refund: Amount Paid: Permit #: 9.33-18 150364 9-23-15

1175.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

yfield County Zoning Department.	be issued until all fees are paid.
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8400 (1	2 × 64	W		201161	Poli Byn	Accessory Building (specify)		B	Municipal Use	
	×	_	- Annah - Frank Andrews	***************************************	}	Addition/Alteration (specify)	Addition,		-	
	×	_	Wall-triple		te)	Wobile Home (manufactured date)	Mobile H			
	×	-	☐ sleeping quarters, <u>or</u> ☐ cooking & food prep facilities)	or 🗆 cooking	☐ sleeping quarters,	Bunkhouse w/ (☐ sanitary, or [Bunkhou			
	×	-			'age	with Attached Garage		ID.	Commercial Use	<u></u>
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	×					with (2 nd) Porch				
	×					with a Porch			Residential Use	
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	×				shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence			
	×		The state of the s		ture on property)	Principal Structure (first structure on property)	Principal			
s Square Footage	Dimensions	D		.e.	Proposed Structure			•	Proposed Use	P .
gnt: /&	Height:		Width: Sex		Length: しY			in:	Proposed Construction:	Propos
	Height:				,	Existing Structure: (if permit being applied for is relevant to it)	ing applied fo	permit be	g Structure: (if	Existin
			- AGE			1. chov 3				
			☐ Compost Toilet			☐ Foundation		Property	7	
Territorial managery spins distribute and distribut	tract)	- ·	1	None		□ No Basement	siness on	Run a Business on		
200 gallon)	Ited (min :	Vau	□ Privy (Pit) or			☐ Basement	☐ Relocate (existing bldg)	₹elocate		
Specify Type:/MCペルマ	fy Type://	-	Sanitary (Exists)	3		□ 2-Story	on	☐ Conversion	-	1860 OC
Y-Wel	Specify Type:		☐ (New) Sanitary	□ 2	Year Round	☐ 1-Story + Loft	☐ Addition/Alteration	Addition/	1	
☐ City			☐ Municipal/City	 _	□ Seasonal	√21-Story	New Construction	New Con:		
Wate	What Type of Sewer/Sanitary System is on the property?	What Type of er/Sanitary Sy on the propert	Wh Sewer/S Is on t	# of bedrooms	Use	# of Stories and/or basement	ect	Project	Value at Time of Completion * include donated time &	Value of Con in donate
-				-					Non-Shoreland	, DNon-
es Pes	□ Yes	e:	Distance Structure is from Shoreline:	Distance Str	Pond or Flowage If yescontinue	□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ty/Land withir	ls Propert	Snoreland —	
Are	Is Property in Floodplain Zone?	e: feet	is from Shoreline	Distance Structure	Stream (incl. Intermittent)	liver, S	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	Is Propert	I	
Norman Acreage		Size	Lot	FEN	Town of: E126	N, Range 5 W	77	_ , Township	Section 26	
	#	Subdivision:	Block(s) No.	Lot(s) No.	M Vol & Page	Lot Lot(s) CSM	Gov't Lot	1/4	1/4, NE	× × ×
Molume 1638 Page(s) 179	Sociment:	ume	04-000-1100	-05-26-1	04- 020-	(Use Tax Statement) 04- C	NE N V. ption: (Use Ta	Legal Description:	PROJECT / LOCATION Le	PR(LOC
Written Authorization Attached Yes		/Zip):	Agent Mailing Address (include City/State/	gent Mailing A			dication on behal	Signing App	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Authoriz
Plumber Phone:				Plumber:	7	Contr.	7_	KINER	E 30	Contractor:
715 209 208	1		24806	C	ASHLAND, U	ROAD AS		16HLAND	H/	65695
Cell Phone:	8	2	A SHLAND WI	HICHLAN RD			EBENGER	CHNIEE	S	MARK
Telephone:			City/State/Zip:	City/State/	ddress:	I AN	Z LANDUSE	ES IEU	Owner's Name:	Owner's Name:
))				Fana	8		77477	777	1

Owner(s): $\mathcal{P}_{\mathcal{U}}$

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

must sign \underline{or} letter(s) of authorization must accompany this application)

Date

9-9-15

Date

Address to send permit

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

1 (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasymable time for my purpose of inspection.

low: Draw or Sketch your Property (regardless of what you are applying for)

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY WASCONSIN



SEP 237015

Amount Paid: Permit #: Refund: 9-24-1S

Shoreland	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶		Section (2) , Township 1 N, Range	C	NE 1/4, SE 1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	PROJECT		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Contractor:	からかけまするできること	Address of Property:	ころうろうしてきるべつう	Owner Studition	- 8	TYPE OF PERMIT RECUIESTED> AND (ISE SAN	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	Checks are made payable to: Bayfield County Zoning Department.	inscriptions. No permits will be issued until all fees are paid.
o Dond or Flowers	er, Stream (incl. Intermittent) If yes—continue —▶	A process		Town of:	CSM Vol & Page	C20-7-47-05	PIN: (23 digits)		Agent Phone:		Contractor Phone:	オーチョン	Cipy/State/Zip:		ACION ACCION		SANITARY PRIVY		Jawa Co Zonino I	ていまするとはなるというというというというというできませんできませんできません
Distance Structure is from Sharoline	Distance Structure is from Shoreline:		2		Lot(s) No. Block(s) No.	020-2-47-05-24-401-000-10000			Agent ridling Address (include dity/state/ztp):		Plumber:	EX DEST	~ 7	教育についるできると		<u> </u>	TONDITIONAL USE SPEC	Q	Tring Dept.	200
•	7			Lot Size	Subdivision:	Volume /	Recorded Doc		orgre/zib):	(5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				SING		- 8	SPECIAL USE			Refund:
□Yes	Is Property in Floodplain Zone?		2,28	Acreag		7 7 Page(s)	Document: (i.e. Property Ownership)	☐ Yes ☐ No	Attached		Plumber Phone:	32.33	Cell Phone:		ゴクラ	Telephone	□ B.O.A. □ OTHER			
□Yes	Are Wetlands Present?		<u>م</u>	(U) 	orty Ownership)	No	Attached		hone:	グンジン			エラスペースのかって		THER			

Proposed Construction:	Existing Structur				Ch of west	おろう	٠		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)		Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	> New Construction	Project
	r is relevant to it)		☐ Foundation	No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	√ 1-Story	# of Stories and/or basement
Length: "3	Length:				,	ころまた	☐ Year Round	☐ Seasonal	Use
				None		3	□ 2	<u>L</u>	# of bedrooms
Width: 4X	Width:	☐ None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify	☐ (New) Sanitary Specify	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
Height:	Height:			ract)	ed (min 200 gallon)	ify Type: HOLDENC	y Type:		of System enty?
							₩ well	City	Water

Non-Shoreland

If yes---continue

feet

X S

No.

Proposed Use	۲.	Proposed Structure	Di	imensions		Square Footage
		Principal Structure (first structure on property)		×	-	
		Residence (i.e. cabin, hunting shack, etc.)	(Х)	
		with Loft	(X)	
X Residential Use		with a Porch	(×	_	
		with (2 nd) Porch	^	×	_	
		with a Deck	-	×	_	
	11	with (2 nd) Deck	_	×		:
. Commercial Use	ωÇ.	with Attached Garage	^	×	•	e titue
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(×	}	
4		Mobile Home (manufactured date)	_	×	-	of the
		Addition/Alteration (specify)	_	×	-	1.
Municipal Use	⊉	Accessory Building (specify)	08)) × 4¢)	1440
Boo'd for leenance		Accessory Building Addition/Alteration (specify)	_	×	_	· (*)
40 PM		Special Use: (explain)	(X)	*/
Contract to the second		Conditional Use: (explain)	^	×	~	*, '
Secretarial Staff		Other: (explain)	_	×	_	/ F.

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES is application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which syfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)		s-listed on the Deed All Owners must sign or letter(s) of authorization must accompany this appli	3

Address to send permit

Date

9-16-15

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

9/24/6	Date of Approval:	rit: 🗌 Hold For Fees: 🕦	Hold For Affidavit:	Hold For TBA:	Signature of Inspector: Hold For Sanitary:
			Asso	when h	1
(ASY)	Zoning District (.) Lakes Classification (Date of Re-Inspection:	Automotion be attached.)	ected by:	SIG	Inspection Record: SIK SHUU Date of Inspection: 913 Condition(s): Town Committee a
No.	⊡Yes	Were Property Lines Represented by Owner Was Property Surveyed		gally Created Yyes □ No e Delineated Yyes □ No	Was Parcel Legally Created Was Proposed Building Site Delineated
	**************************************	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Case ##	Granted by Variance (B.O.A.) Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Yes Two	Affidavit Required GAffidavit Attached G	Yes Two	Ano Ano	Lot Yes (Deed of Record) ship Yes (Fused/Contiguo	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
				Re	Permit Denied (Date):
	orm Dwelling Code. Sanitary Date:	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits. # of bedrooms: Sanitary Date:	Expire One (1) Year from t vo Family Dwelling: ALL Mn, Village, City, State or Fe Sanitary Number:	NOTICE: All Land Use Permits Ex Construction Of New One & Two The local Town, (County Use Only)	NOTICE: All Land Use For The Construction Of New C The Ic
re, or must be	the proposed size of the structus 1k (HT), Privy (P), and W	one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	of New Construction, S	e other previously surveyed corner, or verifia owner's expense	one previously surveyed corner to the marked by a licensed surveyor at the licensed surveyor at
previously surveyed corner to the neasured must be visible from	be visible from one previously sur ne setback must be measured mus	boundary line from which the setback must be measured must be visit the minimum required setback, the boundary line from which the setb.	ithin ten (10) feet of the minimum required setback, the bo red surveyor at the owner's expense. rore than ten (10) feet but less than thirty (30) feet from th	n of a structure within ten (10) feet of the mi narked by a licensed surveyor at the owner's n of a structure more than ten (10) feet but I	Prior to the placement or construction of a structure with other previously surveyed corner or marked by a licensed Prior to the placement or construction of a structure mor
Feet	CO	Setback to Well	G G Feet Feet	or Holding lank ble, Composting)	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)
		Elevation of Floodplain	(7)		Setback from the East Lot
Feet	☐ Yes	Setback from Wetland 20% Slope Area on property	SSO Feet	t Line	Setback from the South Lot Line Setback from the West Lot Line
Feet		Setback from the Bank or Bluff Setback from the Bank or Bluff	7	ned Right-of-Way	from the
Feet	ter mark)	Setback from the Lake (ordinary high-wat	OOO Feet	Centerline of Platted Road	the
Measurement	Wea	Description,	Measurement		Description
& Zoning Dapt.	proved by the Planning & Zoning D	Changes in plans must be approv	oint)	complete (1) (7) above (prior to continuing)(8) Setbacks: (measured to the closest point)	Please complete (1) (8) Setback
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BAYERIN :		ORT W WAY	S Rep	>co	764560 20457.
			Now House	The same	
Montessager.	d/or (*) Privy (P)	roperty (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	operty (regardless of what you are a) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (All Existing Structures on your Proper (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	etch your P	(1) Show Location of (2) Show Location of (2) Show / Indicate: (3) Show Location of (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stanip (Received) Fut

JUN. 202015

Refund: Permit #: Date: Amount Paid:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Bayfield Co. Zoning Dept / How do I fill OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Secretarial Staff			Rec'd for Issuance		Municipal Use			COMMERCIA				Residential Use		нениция (нишей не этий банта динениция в падамен делиция в вызывания в вызывания в вызывания в вызывания в вызывания в выпольных в	Proposed Use	Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:					27 S S S S	Annu	* include donated time & material	Value at Time	☐ Non-Shoreland	V DIFFERENCE TO	Shoreland /	Section	J 1/4, 1	LOCATION	:: 1	Authorized Agent: (Pe	38395	Address of Property:	CWITET S IVALUE:
			Jance		1			<u> </u>	<u> </u>			se		×		(if permit be		Property	☐ Run a Business on	☐ Relocate (existing bldg)	Conversion	New Construction Addition/Alteratic	Project (What are you applying for)			☐ Is Proper	☐ Is Proper	, Township		Legal Description:		Person Signing App	T.	NSSA	
FAILURE TO	Conditional Us	Special Us		Accessory	Accessory Building	Addition/	Mobile H	, -					Residence	Principal		ing applied fo			iness on	(existing bldg)	on	New Construction Addition/Alteration	ect applying for)			ty/Land within	ty/Land within	5	3	-		(Person Signing Application on behalf of Owner(s))	T	Fista	
Plain)	Conditional Use: (explain)	Special Use: (explain)		2	Building (specify)	Addition/Alteration (specify)	Wobile Home (manufactured date)	With Attached Garage	with (2) Deck	with a Deck	with (2 nd) Porch	with a Porch	(i.e. cabin, hun	Structure (first s		r is relevant to it)		☐ Foundation	No Basement	☐ Basement		1-Story + Loft				☐ Is Property/Land within 1000 feet of Lake,	☐ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	N, Range		tatement)				3	-
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES				on/Alteration (specify)	ify)	ifv)	or □ sieeping quarters,	Garage			~ 7.			Principal Structure (first structure on property)	Proposed Structure	Length:			11	ski ddilinin de fraterninderse en	□ >	d Seasonal Sear Round			THE PERSON NAMED IN COLUMN	, Pond or Flowage	Stream (ind. Intermittent) If yescontinue —	8	1938 11/253	<u> </u>		1) S- 392 SCX Agent Phone:	ASHUAN	City/State/Zip:	,
N WITHOUT A PERM				γ)			s, or the cooking or						÷		ure	ار او ر	-		□ None	X X	<u></u> п	2	O O	*		Distance Structure	Distance Structure	ES	3-25-4			Agent Mailing Address	U WI	Horism A	
IT WILL RESULT IN P				***************************************			i loca prep lacilities)				 			2 6 5 C C C C C C C C C C C C C C C C C C		Width:		☐ Compost Toilet	☐ Portable (w/service con	☐ Privy (Pit)	☐ Sanitary (Exists)	☐ Municipal/City X (New) Sanitary				octure is from Shoreline :	cture is from Shoreline :		P. Diocyla) NO.	_		include	SH	ASHLAND, WIT	
NALTIES .	1-				- - -	- - -						<u> </u>	-	-		597		oilet	//service o			tary Specif	ver/Sanitar on the pro	What T		reline : feet	reline : feet	Colora	Lot Size	Volume_	Paccardad	City/State/Zip):	8 % L		
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)						S	+)	-		(A)	Square Footage	<u>8</u>				0 gallon)		© Z V Well	Water	Net attack	200		_ A	1.37 2.37	Arrage	Page(s)	Attached Ves No	Vitten Authorization	115-299-562	Cell Phone:))

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s): ADVICE GOO

Address to send permit

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

or letter(s) of

If you recently purchased the pi

Attach
Copy of Tax Statement
operty send your Recorded Deed

Date

Date

7-19-2015

box below: <u>Draw or Sketch your F</u>	box below: <u>Draw</u> or <u>Sketch</u> your Property (regardless of what you are applying for)	
(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	tage Road) (DF); (*) Holding Tank (HT) and/or (*) Privy (P)	
Please complete (1) – (7) above (prior to continuing) + + (8) Setbacks: (measured to the closest point)	2 Build we Schanges in plans must be app	
Setback from the Centerline of Platted Road	Feet Setback from the Lake (ordinary high-water mark) 152+	#
Setback from the North Lot Line	280 V Feet Setback from the Bank or Bluff 100 Feet	Feet
Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	フレナー Feet Setback from Wetland サフン・ナー Feet Setback from 20% Slope Area です Feet Elevation of Floodplain	Feet Feet
Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)	Feet Setback to Well Feet Feet	Feet
Prior to the placement or construction of a structure within ten (10) feet of the minimum requother previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thin one previously surveyed corner to the other previously surveyed corner, or verifiable by the D marked by a licensed surveyor at the owner's expense.	ired se ty (30) epartn	, s
(9) Stake or Mark Proposed Loc NOTICE: All Land Use For The Construction Of New C The ic	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	
Permit Denied (Date): Permit #: / ミハソン		
Standard Lot	☐ Yes (Deed of Record) XNo Mitigation Required ☐ Yes No Affidavit Required ☐ Yes ☐ No	
ase #:	Previously Granted by Variance (B.O.A.) Case #:	
41 8 66	Were Property Lines Represented by Owner Was Property Surveyed A D15 vy/y	0.0
To proceed to the state of the	property by a	
える歌	cor Board Conditions Attached? Tres TNo-(If No they need to be attached.) Let book to wife one (If No they need to be attached.) On MANK west and Life Dewn Speech De	
Signature of Inspection.	Date of Approval. 6, 25	1
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AlterNATIVE #2 Building Site proven ECEIVE SEP 172015 Sayfield Co. Zoning Dep Hwy 6 Ditch Upland Wetland Sto law Upland Gulvert Geothermal Suffern Water SHED Direction 300 000 Mound System Residence SPH FENCING WETLAND **BOUNDARY** APPROX. PROP. ු එබව සහ ගත සහ එව එව විණි **BOUNDARY** & Geothermal & Driveway විටග*0ටකයට රාජයට* ගිහ 10 ACRE ESTAIN PROPERTY DATE | REVISIONS DESCRIPTION ICECOR ASHLAND, WISCONSIN